

JUN 17 2005

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PART B - FEE(S) TRANSMITTAL

Complete and sign this form, together with applicable fee(s), to: Mail
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7590 03/29/2005

CARY W. BROOKS
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 Legal Staff
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 06/17/2005 CNGUYEN1 00000014 070960 09976925

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/976,925	10/15/2001	Steven G. Goebel	GB-300745	2085

TITLE OF INVENTION: REACTOR SYSTEM INCLUDING AUTO IGNITION AND CARBON SUPPRESSION FOAM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/29/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KERN, KEVIN P	1725	422-194000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 02-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cary W. Brooks

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

General Motors Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Detroit, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

 Item Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies _____

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 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0960 (enclose all extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Patrice Uchno LelandDate June 17, 2005Typed or printed name Patrice Uchno Leland

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